13281 U.S.PTO
120303

UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE

17858 U.S.PTO
10/725591
120303

Address to:	Attorney Docket No.	SIGU3008/JEK/JJC
Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	First Named Inventor (or identifier)	SIGURJONSSON
	Total Pages	65

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: METHOD FOR PRODUCING A WOUND DRESSING

☒ 1. Submitted herewith are the following:

41 pages of specification.
X Abstract.
10 sheet(s) of drawings.
12 claim(s).
X Oath/Declaration signed by each inventor.
X Application Data Sheet.
0 Preliminary Amendment.
X Information Disclosure Statement(s).
3 pages of Form PTO-1449, and one copy of each foreign document listed thereon.
X Assignment of the invention, Cover Sheet, and payment of the $ 40.00 recordal fee.
0 certified copy of application no. _____ filed in _____. Priority is claimed.
X check in the amount of $ 810.00 including any assignment recordal fee.

☐ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -

☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -

☐ 6. Other:_____.

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805 and Justin J. Cassell, Reg. No. 46,205.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	$770.00
Total Claims:	12	- 20 =	0	X $18 =	$0.00
Independent Claims:	3	- 3 =	0	X $86 =	$0.00
Correspondence Address: 23364 Customer Number				Multiple Dependent Claim (add $290.00):	
				Subtotal:	$770.00
				50% Reduction if Small Entity Status:	
Phone: 703-683-0500		Fax: 703-683-1080		Total:	$770.00

Date:	Name:	Signature:	Reg. No.
December 3, 2003	JUSTIN J. CASSELL		46,205

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